



CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
**UNIVERSITY**  
**STUDENT UNION**

**5154 State University Drive**  
**Los Angeles, CA 90032**  
**Administrative Office**  
**U-SU Room 306**



## Full-Time Staff Application for Employment

The Associated Students, Inc./University-Student Union is an Affirmative Action/Equal Opportunity Employer; applicants will be considered without regard to their race, color, religion, marital status, national origin, sex, age, pregnancy, sexual orientation, disability, or other status protected by state or federal regulation within the limits imposed by law.

Please complete the entire application form, taking care to provide all information requested including employment dates and a summary of duties performed for each job listed. A resume may be attached, but will be considered as supplemental only, and not as a replacement for information requested on the application. Failure to provide sufficient information, which shows evidence of meeting minimum qualifications, will result in disqualification or non-consideration.

### General Information *(Please type or print)*

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: Last, First, Middle \_\_\_\_\_ Telephone (Include Area Code):  
 (       ) \_\_\_\_\_

Address: Number, Street, Apartment/Space Number \_\_\_\_\_ Cell Phone (Include Area Code):  
 (       ) \_\_\_\_\_

City, State Zip Code \_\_\_\_\_ Email Address: \_\_\_\_\_

May we contact you at work? Yes  No  Are you or have you ever been an employee of the Associated Students, Inc./University-Student Union at Cal State LA?  
 Yes  No   
 Are you currently enrolled as a student at Cal State LA? Yes  No   
 Yes  No  *If so, when?*

Do you have any relatives who are employed by the Associated Students, Inc./University-Student Union at Cal State LA?  
 Yes  No  Name: Relationship: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes  No  If no, describe the functions that cannot be performed: \_\_\_\_\_

Have you been dismissed from employment? If yes, please explain: \_\_\_\_\_

# Employment

**Resumes may be included but this employment portion of the application must be filled in completely.**

List your entire work record. Begin with your present job and list in reverse order. Include self-employment in excess of one month as a separate period. List each promotion as a separate job. Please account for all work history. Attach additional sheets as necessary. You may list any military or volunteer experience in the employment section below.

**MAY WE CONTACT YOUR PRESENT EMPLOYER?** Yes  No  Later

Dates of Employment From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr.  Hrs/Wk: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of Employer or Company</td> <td style="width: 40%;">Telephone Number</td> </tr> <tr> <td>Address, City, State, Zip Code</td> <td>Email Address</td> </tr> <tr> <td>Supervisor's Name and Job Title</td> <td>Your Job Title</td> </tr> <tr> <td colspan="2">Describe your Duties:</td> </tr> </table>	Name of Employer or Company	Telephone Number	Address, City, State, Zip Code	Email Address	Supervisor's Name and Job Title	Your Job Title	Describe your Duties:	
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**Education**

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Name and Address of High School Attended

Major course of study

Did you graduate?

Yes  No 

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**College or University Education**

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Name and Address of Institution	Major	# Years Completed	Certificate/Diploma/Degree

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**Additional Qualifications**

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Please identify any skill, knowledge or ability related to this position which would assist in the evaluation of your application.

List appropriate courses for this position and any other education, courses, certificates, licenses, seminars, publications, etc. not listed above:

List all your computer and software experience:

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## References

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List a minimum of THREE people, not related to you, who can attest to your professional abilities and expertise.

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Name	Occupation/Title	Telephone Number
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Address, City, State, Zip	Email Address
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The Immigration Reform and Control Act of 1986, Public Law 99-603, requires that employers obtain documentation from every new employee which confirms identity and authorizes that individual to accept employment in this country. This requirement applies to both United States citizens and aliens.

**Can you provide the necessary documentation at the start of employment?**    Yes     No

This information may be used only for the purpose of employment in accordance with the Information Practices Act of 1977.

I hereby certify that the information contained in this application form is true, complete and correct to the best of my knowledge and agree to have any of the statements checked by the Associated Students, Inc./University-Student Union unless I have indicated to the contrary. I authorize the individuals and/or organizations, entities or agencies described in this application to release to the University-Student Union any and all information concerning my previous employment (including, but not limited to, achievement, performance, attendance, etc.) and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Associated Students, Inc./University-Student Union as well as from the use of disclosure of such information by the University-Student Union or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, may be considered cause for termination.

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**Applicant's Signature**

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**Date**